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A Time of Trial



It is said that the darkness of night is deepest before the dawn. This past year the chill of night was felt by the entire economy, and, especially, by our hospitals. The Hospital Center, and, indeed, the American health care system are groping for fiscal survival while awaiting the return of a more optimistic era.

The mid-sixties produced a falsedawn for hospitals when Medicare, Medicaid and other novel financing programs were born. By the end of the decade it had become clear that this piece-meal shoring-up of our health care system was failing to meet the needs of the American people and basic changes in outlook were required.

Much was promised. Much was begun in health care and in other elemental areas of national life. The dreams, the rhetoric, the creativity, the will, and the active commitment of our people seemed more than adequate. Yet, each of the problems we addressed ourselves to seem further from solution than ever. The rhetoric is less appealing while the voices of disquiet grow louder. There seems to be no National singlemindedness. Indeed, our discontent is most pervasive, particularly in the urban centers where institutions such as St. Luke's labor through the long night.

But, there is a stirring and an awakening to be felt by perceptive Americans. In our own field—health care—an exciting dialogue is in progress. Fortunately, not only health professionals but also legislators and other opinion makers are joining the great debate.

We must be confident that changes will be implemented before the hospital system is further strapped. At present, the Hospital Center undertakes a variety of tasks it can ill-afford, because they must be done and there is no one else to do them.

In 1971, our outpatient programs lost over two million dollars. Why? Only thirty-five percent of the outpatients are covered by the Medicaid program. Many of the others cannot afford to pay in full for their care and must be subsidized by the Hospital Center. Some thirty percent of the loss



is made up through funding by New York's Ghetto Medicine program, which, in itself, adds to the deficit by establishing criteria for funding. There is no assurance that even this minimal support will be continued. We could sharply reduce our indebtedness by reducing this community service, but who would then provide the health care our community needs?

Research activities added to our losses by more than a half million dollars in 1971. We shall cut into this loss, by trimming these activities. Yet, we do so with the knowledge that it will be detrimental to the overall medical effectiveness of St. Luke's and the long range impact on community health services will be negative. Unfortunately, the options open to us grow fewer each year.

Money was the overwhelming problem which confronted us in 1971. We reduced spending to the bare minimum in every area and our 1972 budget reflects a severe retrenchment program. The abilities of our managers at all levels was tested constantly and they responded with understanding and competence.

At year end, I reported to our St. Luke's family that we were in serious financial difficulty. I added, "During this time of trial we will seek to be even better managers than we have been. We will examine every avenue that might help generate new revenues. We will explore new sources of philanthropic aid."

But, we recognize that more energetic fund raising and even more management skills are inadequate. In this case, the true public dilemma lies

somewhere between our stars and ourselves. The salvation of our health care system is in the public domain and in the public will. Only a new public policy will really restore fiscal health to hospitals and related fields.

Hospitals were begun and are reasonably well funded for the care of sick patients. But, we are called upon for community health care, including preventive medicine; we rehabilitate drug users; we teach; and we research. We provide a host of services for which we are inadequately funded. If hospitals fail to engage in these essential activities, they will not be done. And, they must be done by someone.

When the communities demand services, they will demand them of the visible institutions within the communities. The institutions, having neither choice nor funds, are further debilitated in the process.

We will not see a new dawn in our health care system unless the hospitals are made fiscally viable to fill pressing present and future needs, or until new agencies are created to fill the vacuums now increasingly being filled by the hospitals.

For our part, we will join with our colleagues in other hospitals in appealing to the forces which control our destinies and we will continue to appeal to the court of public opinion.

There were, it should be noted, several moments of optimism during the year. One afternoon last Spring in Low Library of Columbia University, we signed an agreement with Columbia's President McGill, whereby full university-hospital status was extended to St. Luke's.

Under the agreement, the first extension of university-hospital status by Columbia since Presbyterian Hospital

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'A Time of Trial'



was so honored fifty years before, appropriate St. Luke's physicians achieve full academic citizenship and full-time faculty appointments.

By creating a dynamic atmosphere of inquiry, we can attract inspired young doctors with teaching and research orientations. Their presence, both in the laboratory and at the bedside will stimulate a new vitality in patient care.

The University reached a similar agreement with Roosevelt Hospital.

A detailed proposal for the longrange development of the Hospital Center was completed, but the financial crisis has forced us to postpone action on the plan. The near completion of the new Service and Research Building was another major accomplishment. The splendid progress of our kidney and coronary surgical programs was most rewarding. There were conflicts with community groups that remain unresolved, but out of these conflicts come better understanding.

We were particularly pleased that our fund raising activities did not suffer from the economic downturn.

As our new Science and Research Building nears completion, it is fitting

that we pay special tribute to F. Huntington Babcock, a vice president of our board, who has been so generous and loyal to the cause of the Hospital Center. The board is particularly in his debt for the rare example of the qualities of trusteeship he has set for us.

During 1971, we suffered the loss of two valuable trustees—Donald G. Price and Frederick Sheffield. They served St. Luke's long and well. Van R. Halsey became an honorary trustee after an illustrious career as treasurer of the Hospital Center. Mrs. Odin Betanzos, Archibald B. Murray and Dr. William S. Norton II were elected trustees.

The members of the Auxiliary and the Assistant Board were again most helpful to us in carrying out our obligations. I have a special word of thanks for the doctors and the administrative staff and all other personnel. I appreciate their being so understanding during these difficult times. I am particularly indebted to my fellow trustees for their support and confidence.

St. Luke's and the American people have weathered dark times before. We have faith that the new day is not too distant.





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Secretary:
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Assistant Treasurer:
Mrs. Charles Kane



A Matter of Judgment

The administrative decision-makers at St. Luke's will recall 1971 as a year when we were called upon to make difficult judgments regarding priorities, without the freedom of choice and availability of options normally open to managers.

Four factors combined to test the managemental mettle of our administrative staff: limited revenue, increased cost in delivering services, restrictive legislative and regulatory action, and the clear value of each of the health care and related services offered or planned by the Hospital Center. Hospital executives across the country, and particularly in New York, were contending with similar factors in 1971.

Our revenues proved to be limited to an even greater degree than could be predicted at the beginning of the year. New York State's revenue fixing legislation narrowed the fiscal base and was the prime cause of our restricted dollar situation. The 1969 legislation replaced retrospective cost payments with prospective reimbursement rates for hospital services rendered.

Inability to find enough new and expanded sources of philanthropic support for operating functions was an experience we shared with voluntary hospitals and other non-profit institutions. We were forced to use, and finally to exhaust, our reserve funds to help offset losses incurred during the year. A surprising, episodic, decrease in patient use of hospital facilities was attributable to the general economic climate and the stiffening of qualifications for Medicaid eligibility in the

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State. Unfortunate delays in completing our new Service and Research Building deprived us of income originally predicted for full 1971 use of the building.

The cost to St. Luke's for rendering services continued to rise as wages and benefits for employees were increased so that we might remain a competitive employer. The purchase price of goods and services from vendors rose in ratio to the general inflationary spiral. The wage-price freeze in the fall provided only a temporary stand-off.

Hospitals, which receive more than thirty billion Federal dollars each year, are probably the most heavily regulated industry in the Country. Nearly all government agencies, from the Federal Social Security Administration to the City Pesticide Control Board effect hospitals. Conforming to each of the hundreds of regulations effecting hospitals is costly and provides an enor-

mous mandated factor in our annual budget.

In establishing priorities—that is, choosing the emphasis we can place on hospital activities—we are no longer separating wheat from chaff, for that was done in previous years. Now we are making preferences from among programs that are all valid and important to the excellence of the institution and to the care of the patients it serves.

Our original 1971 budget called for operating expenditures of \$46.3 million. By March we could project that reduced governmental spending and lower-than-expected reimbursement rates were placing us in a serious cash crisis. In July, we cut two million dollars from the budget to keep ourselves in balance. We accomplished the reduction through a hiring freeze, postponement of important new programs and the termination of several dozen employees. No comparable action had

ever been taken or needed in the 121year history of St. Luke's. Our cash flow situation continued to deteriorate and our July cutbacks could not prevent a final loss in excess of three million dollars for the year.

In planning our 1972 budget, further reductions were necessary and it was here that the paring down of dollar distribution brought us dangerously close to nerve level. Patient services and additional personnel were cut. Additional programs were postponed or eliminated. New management techniques were implemented.

Our research and teaching activities, which have become increasingly important to us in the past decade, had been largely supported through governmental grants. But, as the public dollar pool began to dry in recent years, the Hospital Center started to underwrite certain of these highly valuable activities. We could no longer afford to do so.

Thus, in 1971, St. Luke's had the unenviable task of considering the relative merits of programs which had all previously passed the most vigorous professional screening and had proved their worth.

Assigning the proper weight to preventive medicine programs serving great numbers of people, versus acute care programs to serve the most seriously ill patients, is hardly in the manager's area of expertise. We find ourselves dealing in ethical questions which belong outside the manager's scope. Society itself, through its elected representatives, is the rightful bearer of this decisional burden, since its impact will be most strongly felt by the public. Either the sickest or the poorest segments of the population, if not both, are hurt by the underfinancing of hospitals, the cornerstone of the health care system.

Even so, at this point in the development of our society, hospital managers are given the task of meeting the general health needs of our communities and we are undercapitalized. Yet, as President Truman was wont to say, "The buck stops here." We have tried,

Administration, 1972

Executive Vice-President: Charles W. Davidson

Administrator: F. Dennis Harrington

Associate Directors: Gary Gambuti Edward A. Messier Evelyn M. Peck Ralph E. Williams

Assistant Directors: James H. Crosby, Jr. Richard DeChristoford Ruth Dietz Floyd A. Oathout William Pyburn

Daniel Triglia

Administrative Assistants: Erwin O. Blair Gary Ross

Chief Telephone Operator: Mrs. Dolores Addison

Laundry Manager: Eugene Booker

Systems Planning Coordinator:

Myron Buchak Director of

Medical Records Files: Joyce Burns

Home Care Coordinator: Louise B. Candland Methadone Maintenance Program Director: Paul Cushman, Jr., M.D.

Director of Employee Health Services: Donald P. Dallas, M.D.

Director of Pharmacy: Hugo V. deCaprariis

Director of Purchasing: Michael DeMusis

Interim Director of West Side Rehabilitation Center: Frank DeSilva

Director of School of Nursing: Ruth Dittmar

Director of Security: Peter Fleming

Director of Volunteer Services: Mrs. Sarah Galanakis

Director of Social Services: Mrs. Elizabeth Kurtz

Administrative Director

Blood Bank: Alice Maniatas, M.D.

Director of Public Relations and Development: lames P. May

Director of Admissions: Edward J. Megerian Superintendent of Engineering Maintenance: Francis X. Moran

Director of Food Services: Robert Nelson

Medical Librarian: Nancy Mary Panella

Interim Project Director Neighborhood Health Services Program: Janice Robinson

Acting Director of Ambulatory Care: Dorothy M. Roels, M.D.

Executive Housekeeper: Jules Selles

Fire Prevention and Safety Officer: Steven Senft

Director of Management Engineering: William C. Staib

Director of Religious Services and Chaplain:
Carleton J. Sweetser

Medical Record Librarian: A. Rose Taddonio

Chief, Mail and Messenger Service: Joe L. Taylor and will continue our efforts to place our dollars where we believe they will do the most good.

The crisis situation caused the trustees, the medical staff and my administrative colleagues to join more enthusiastically than ever into the deliberative process. As more people began to comprehend the magnitude of our fiscal problem, we received their support and benefitted from their experiences. The judgments we made represent the combined wisdom of a talented, concerned, and united professional organization.

While the cash dilemma hung like Damocles' sword all through the year, we can recount some significant steps forward.

We began to occupy certain units in the new Service and Research Building. The Pharmacy, Medical Records and Ambulatory Care Departments are among the units that functioned in cramped, often antiquated quarters over the years. Their services will now increase in productivity in the new facilities. Those who toiled in crowded and unattractive work areas deserve credit for their loyalty and sacrifice.

Certainly the extension of full-university-hospital status to the Hospital Center by the Columbia University College of Physicians and Surgeons was an historic achievement, and its long-term impact cannot be easily measured as yet.

We are increasingly aware of the violence in our society. Among our patients was a French college student who was fatally shot in the streets of New York, while passing through our City. Three times the mayor and the police commissioner came to St. Luke's to visit wounded police officers.

Our involvement in community life was solidified in several areas. There were confrontations with community groups, but from each difficulty a new understanding develops.

St. Luke's was re-accredited for three years by the Joint Commission on Accreditation. The accreditation criteria has been made more comprehensive and our success speaks well of the entire Hospital Center team.



Fortunately, we were able to extend our program of services in several areas. A new and well equipped dental clinic, and X Ray facilities adjacent to the overburdened emergency room, were opened. Our programs in coronary artery surgery and in renal dialysis and organ preservation were greatly

expanded. We experienced our first full year of activity under the recently revised abortion laws of our State. Drugs continued to be a major problem in our area and both our adolescent detoxification and methadone maintenance units were heavily utilized. A program for crisis intervention by our Psychiatric service was an example of the innovative techniques employed by the medical professionals at St. Luke's.

The chaplains and the volunteers again proved to be most important elements of our overall patient care programs.

Our administrative staff was reorganized in 1971. Comptroller Daniel F. Triglia, Administrative Assistant James Crosby, Nursing Director Ruth Dietz and Personnel Director Richard De-Christoford were all promoted to assistant directorships. Assistant Director Evelyn M. Peck became an associate

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'A Matter of Judgment'

director. Administrative Resident Gary Ross was named an administrative assistant.

Our new department heads were: Dr. Alice Maniatis, Blood Bank; Peter Fleming, Security; Robert Nelson, Food Service; Joyce Burns, Medical Records Files; and Eugene Booker, Laundry.

Well-deserved retirement came to Outpatient Department Director Dorothy Wild, Security Director John O'Neill and Administrative Assistant Lewis R. Keheley. Highly regarded and well known long-service-employees such as Joe C. Davidse, Peter Burke and Rosanna Carter also retired in 1971.

Too often, death visited the St. Luke's family last year. Food Service Director George O'Leary, former Admitting Director Harriet Ensign and Albert DeNatale and Dorothy Ford of the Blood Bank died in 1971.

During the year, I completed service as president of the Greater New York Hospital Association and took up the duties of president-elect of the Hospital Association of New York State. Miss Peck was re-elected president of the State Nurses Association and Associate Director Edward A. Messier continued in his role as hospital fiscal advocate on a series of association-sponsored committees.

As a very complicated and troubled year came to a close, I more than ever felt a sense of obligation and gratitude to the trustees, doctors and staff who gave the administrative personnel their cooperation, support and ever-optimistic encouragement. Our administrator, my closest colleague, F. Dennis Harrington, shared much of the weight of final management decision-making. He continued to earn the respect and admiration of all of us. To my other administrative colleagues, particularly Associate Directors Gary Gambuti, Ralph Williams, Miss Peck and Mr. Messier, I am heavily indebted.

In January of last year, we celebrated the seventy-fifth anniversary of St. Luke's removal to Morningside Heights from the Midtown area. For one third of that time, I have had the opportunity to participate in the St. Luke's story. In many ways, because of the survival situation we faced, 1971 might have been our Valley Forge. While the economic skies are still overcast, we have hopes of clearer days ahead. At any rate, we have learned some hard lessons which will serve us well as we continue to implement a retrenchment posture.

There was published last year a biography of St. Luke's founder, Dr. William Augustus Muhlenberg. He was referred to as "a giant of his time, with a keen sense of the divine—and the human." There are no giants among us and we may lack the clarity of Muhlenberg. Yet, with our human, limited talents and with faith in our future, we determined priorities and prepared for another difficult year in 1972.

1971 Statistics

17/1 Statistics	
Patient days	
adult	235,406
nursery	18,445
Admissions	23,969
Births	2,598
Per cent occupancy	88
Average stay	
(excluding newborn)	10.0 days
Emergency room visits	93,369
Outpatient visits	167,202
Neighborhood Health Service	
visits	63,274
Home care admissions	548
Hemodialysis treatments	1,400
Laboratory procedures 1	1,334,503
EKG procedures	22,232
EEG procedures	1,595
Diagnostic x-rays	87 <i>,</i> 512
Radiation therapy treatments	7,213
Rehabilitation Medicine visits	19,249
All surgical procedures	12,584
open heart operations	264
Blood transfusions	6,600
Other interesting statistics	
as of May 1972:	
Personnel on staff	3,187
Beds	761
Bassinets	70



Giving 1971

Despite the economic conditions which fostered a decrease in most philanthropic efforts in 1971, St. Luke's managed to attract support from many friends. The Christmas mail-appeal bearing the theme, "Home for Christmas," received \$127,703 from 1403 donors. All general purpose giving amounted to \$373,543, including major contributions from the United Fund of Greater New York and the United Hospital Fund.

The Dual Century Fund, our capital support program, raised \$252,980 during the year. Legacies amounted to \$2,714,769. Other contributions and grants were \$2,142,935. The Herbert F. Darling fund for Research, the Charles E. Merrill fund for Cardio-Vascular Research, the Walter Scott Foundation fund for Orthopedic Care of Children, and the Donna Bain Wiggins Cancer Research fund were typical of the dozens of special funds at St. Luke's which continued to attract the support of generous and loyal donors.

In all, the Hospital Center realized some \$5,484,227 from grants and benefactions of all kinds. With a final deficit of \$3,047,241, the response to our appeal was needed more than ever so that we could help more people to be "Home for Christmas."

Our Benefactors

Here we list the names of many of the generous friends of the Hospital Center who have contributed to the support of the various special needs of St. Luke's and Woman's. Individual benefactors of one hundred dollars or more are listed by name. While space does not permit the listing of the many contributors of smaller amounts, our appreciation is nonetheless great. That the Hospital Center has been able to maintain its high standards of patient care is due largely to the continued interest and loyalty of all contributors. The Board of Trustees, on behalf of the professional staffs and all the Hospital Center personnel gratefully acknowledges this financial assistance.



Gifts were given in memory of the following:

Dr. Alexander Ada John A. Assheton Charles Edward Barker Marjorie Juliet Batista Helen H. Berger Louis Bergman Charles L. Bergmann Dr. Earl Blough Edna Bonny Ann Brandon James Wright Brown, Jr. Reba P. Brown Margaret Buckley Peter A. Campbell Marie Chandler Dr. Harold Dargeon Albert De Natale Serafina De Natale **Edward Dilday** Emilie and Francis Dixon Dr. John Douglas Helen I. Ebe Harriet Ensign Dorothy Ford Archie Gambuti Dr. George M. Goodwin William J. Haddock Lillian Henderson Catherine Hickey Margaret D. Hogg A. and S. Holzman Horace Hussung Harry Jennings Clarence A. Johnson George C. Johnstone Dr. Oswald R. Jones Dr. John H. Keating, Sr. Virginia Kirk

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Dual Century Fund Contributors 1971

\$75,000 and over Wivenhoe Fund

\$50,000 and over

Anonymous Monell Foundation, Ambrose

\$10,000-\$50,000

Ives, Mr. and Mrs. Kenneth A. Killock Fund St. Luke's Auxiliary and Woman's Assistant Board

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\$50,000 and over

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\$25,000-\$50,000

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Assets	December 31, 1971 1970		
			Gene
Cash	\$ 1,198,548 103,597 7,328,284	\$ 933,726 44,396	Gene
Other receivables Inventories of materials and supplies (at cost) Prepaid expenses Building alterations in progress Due from other funds.	1,149,791 404,085 235,067 1,122,604 143,284	6,466,059 569,822 474,685 170,884 931,864 1,756	
	\$11,685,260	\$ 9,593,192	
ST. LUKE'S HOSPITAL		Unre	stricted
Cash	\$ 75,512 1,060,189 952,156 \$ 2,087,857	\$ 75,000 - 880,156 \$ 955,156	
WOMAN'S HOSPITAL:			
Cash	\$ 832 707,956 2,375,712 \$ 3,084,500	\$ 9,204 858,416 2,159,712 \$ 3,027,332	
		E	Endowr
ST. LUKE'S HOSPITAL: General and restricted endowments:			
Cash Marketable securities (quoted market \$30,230,003 in 1971 and \$30,151,402 in 1970) Real estate investment, at cost less accumulated depreciation Cash surrender value of life insurance	\$ 5,319 22,117,390 839,016 83,400	\$ 66,736 23,838,852 865,141 —	
Due from other funds Plant replacement fund undivided interest	3,768,390 — \$26,813,515	3,027,912 (2,239,419) \$25,559,222	
The A. Van Horne Stuyvesant Memorial Fund:	====	=======================================	
Cash	\$ 89 6,375,066 2,301,867 \$ 8,677,022	\$ 587 6,374,568 2,365,806 \$ 8,740,961	
WOMAN'S HOSPITAL:			
General and restricted endowments: Cash	\$ 573	\$ 94	
Marketable securities (quoted market \$3,917,008 in 1971 and \$3,745,721 in 1970)	2,279,788	2,290,399	
	\$ 2,280,361	\$ 2,290,493	
		Temporary F	unds f
Cash	\$ 26,650 235,271	\$ – 235,271	
Grants receivable	836,341	536,819	
Due from other funds	2,945,391	2,995,210	
	\$ 4,043,653 	\$ 3,767,300	
			Dual C
Cash	\$ 53,112 76,000	\$ 69,941 262,521	
Pledges receivable	58,564	95,773	
Construction in progress	9,174,983	7,340,443	
	\$ 9,362,659	\$ 7,768,678	
PLANT REPLACEMENT FUND:			Plar
Cash	\$ 333	\$ -	
Marketable securities (quoted market \$1,051,000)	1,051,000 2,319,525	165 507	
Due from other funds	2,3 19,525 —	165,587 2,239,419	
	\$ 3,370,858	\$ 2,405,006	
PLANT FUND:			
Cash	\$ 903 25,264,186	\$ 1,413 24,976,820	

\$25,265,089

\$24,978,233



1971 Balance Sheet

	Liabilities and Fund Balances	Decemb	per 31 ,	
und		137 1	1370	
und	Note payable	\$ 3.000.000	s –	
	Accounts payable	2,823,062	1,574,488	
	Accrued salaries and payroll taxes	1,053,034	1,064,198	
	Accrued pension costs	82,000	-	
	Other accrued expenses	777,538 6,838,834	1,665,071 4,158,352	
	TOTAL GENERAL FUND LIABILITIES	14,574,468	8,462,109	
	Reserve for special appropriations	169,656	1,142,706	
	Fund balance/(deficit)	(3,058,864)	(11,623)	
1		\$11,685,260	\$ 9,593,192	
Yanaman I	da			
serve F	ST. LUKE'S HOSPITAL:			
	Fund balance	\$ 2.087.857	\$ 955,156	
		\$ 2,007,037	\$ 933,130	
		\$ 2,087,857	\$ 955,156	
	WOMAN'S HOSPITAL:			
	Fund balance	\$ 3,084,500	\$ 3,027,332	
		,- ,-	<i>+ 3/32. /332</i>	
				
		\$ 3,084,500	\$ 3,027,332	
t Funds				
i c i dira.	ST. LUKE'S HOSPITAL:			
	General and restricted endowments:			
	Due to other funds	\$ 19,617	\$ -	Course I successful automate
	General endowment funds principal	14,200,302	14,215,358	Certified financial statements are on file at the Hospital Center.
	Restricted endowment funds principal	10,154,893 2,438,703	10,145,126	are on the at the Hospital Center.
	Restricted donations functioning as endownends	2,430,703	1,198,738	
		\$26,813,515	\$25,559,222	
	The A. Van Horne Stuyvesant Memorial Fund:			
	A. Van Horne Stuyvesant Memorial Fund principal	\$ 8,677,022	\$ 8,740,961	
			¢ 0.740.064	
		\$ 8,677,022	\$ 8,740,961	
	WOMAN'S HOSPITAL:			
	General and restricted endowments:			
	General endowment funds principal	\$ 1,977,576	\$ 1,986,617	
	Restricted endowment funds principal	281,793 20,992	282,808 21,068	
	Restricted dollarions functioning as endownens	\$ 2,280,361	\$ 2,290,493	
		2,200,301		
Designa	ted Purposes			
Ü	Due to other funds	\$ 4,478	\$ 165,587	
	Unexpended income from restricted endowment funds	1,470,108	1,295, 3 29	
	Unexpended donations for designated purposes	2,569,067	2,306,384	
		\$ 4,043,653	\$ 3.767.300	
		=======================================	\$ 3,767,300	
ury Fun	d			
,	Accounts payable	\$ 419,604	\$ -	
	Contract retainage	332,719	328,078	
	Due to other funds	2,610,616	1,876,726	
	Fund balance	5,999,720	5,563,874	
		\$ 9,362,659 ———	\$ 7,768,678	
unds				
	PLANT REPLACEMENT FUND:			
	Due to other funds	\$ -	\$ 1,756	
	Fund balance	3,370,858	2,403,250	
		\$ 3,370,858	\$ 2,405,006	
			Ψ 2, 103,000	
	PLANT FUND:	¢	¢ 2.400	
	Accounts payable	\$ — 325,000	\$ 3,109 350,000	
	Due to other funds	3,030,912	3,027,912	
	Plant capital	21,909,177	21,597,212	
		\$25,265,089	\$24,978,233	
				13



STATEMENT OF REVENUES AND EXPENSES

	Year ended December 31, 1971 1970	
PATIENT SERVICE REVENUE		1570
Inpatients	\$37,175,402	\$32,718,531
Clinic and emergency room patients	5,674,176	5,458,912
Private and ambulatory patients	574,106	570,795
Home care patients	89,202	111,340
Newborn	955,673	759,138
	44,468,559	39,618,716
Less:	3.074.005	0.600.006
Contractual allowances	3,974,025	2,623,006
Provision for uncollectible accounts	2,399,021 1,507, 2 97	2,769,734
Trovision for unconectible accounts		1,285,000
	7,880,343	6,677,740
Net patient service revenue	36,588,216	32,940,976
OTHER OPERATING REVENUE:		
New York City Ghetto Medicine appropriations	569,150	592,700
New York City Community Mental Health Board	537,894	166,518
Cafeteria and hospitality shops	459,980	443,897
Rents and commissions	484,962	214,824
Services charged to research grants	489,028	230,207
Columbia University Clinic	157,469	119,034
Other operating revenue	288,946	437,902
	2,987,429	2,205,082
TOTAL OPERATING REVENUE	39,575,645	35,146,058
OREDATING EVENING		
OPERATING EXPENSES:	20 412 056	25 260 105
Salaries and wages	28,413,056 14,521,569	25,360,185 11,971,707
Depreciation	1,771,786	1,688,502
Interest expense	258,634	180,541
merest expense	44,965,045	39,200,935
INCOME/(LOSS) FROM OPERATIONS	(5,389,400)	(4,054,877)
NONOPERATING REVENUE:	400 75 1	4 806 400
Income from invested funds	1,492,794	1,706,198
Appropriations from other funds	452,926	463,584
Donations for general purposes	373,543 22,896	393,552 8,860
Miscellaneous		
	2,342,159	2,572,194
EXCESS OF EXPENSES OVER INCOME	\$ 3,047,241	\$ 1,482,683

Certified financial statements are on file at the Hospital Center.

For the Common Good



Report of the president of the Medical Board, Robert S. Beekman, M.D.

It is with great pleasure that I fulfill the requirements to report on the activities of the medical board of the Hospital Center during the past year—pleasure because the members of the board, especially those who chaired or served on its many committees, have devoted themselves skillfully, energetically and unselfishly to the cause of the common good and their efforts have not been unavailing.

At the beginning of the year we ratified and approved a proposed agreement between the Hospital Center and Columbia University, which, when consummated in May, made us a true affiliate of the College of Physicians and Surgeons. Much as I would like to claim to have played some role in the planning and development of this

agreement, the fact is that any such credit belongs to my predecessors of several years. Further, let it be said that this happy circumstance was principally brought about by the untiring efforts of a few people, notably Henry B. Guthrie on the trustee level, Charles W. Davidson, our executive vice-president and Drs. Theodore B. Van Itallie and Richard B. Stark.

We operated during the year under our new by-laws. While these were largely successful, it became apparent that they contained a major flaw, an unrealistic quorum requirement for amendment. With some effort we managed to satisfy this need and amended them, reducing the number of members necessary to take such actions. This means that we will be able

continued

to live comfortably with our new charter. At the same regular meeting another amendment was passed enlarging the executive committee to include all the directors of the medical departments. The Hospital Center was inspected this year by representatives of the Joint Commission on Accreditation, getting high marks in all departments. Since the revision of the bylaws was instituted and developed at the urgent insistence of this body, its approval is noted with some satisfaction.

The deficiencies in funding, imposed on the Hospital Center by the formulas through which it now receives compensation from third-party payers, resulted in a good deal of belt-tightening, a severe but essential program of economy. Government austerity also struck a blow at another important sector of our activities, our research program. Funds from public granting agencies withered considerably. This was especially disappointing, since the research conducted at St. Luke's has been steadily increasing in scope and quality in the past few years. There is a determination to continue these essential programs and sources of funds must be found.

The many standing, ad hoc and special committees of the board actively pursued their business during the year. Of great importance is a new committee, under the chairmanship of Dr. John M. Cotton, which was charged with the responsibility of appraising the needs for a group practice type of activity at the Hospital Center and the development of a plan to set one up if it is deemed appropriate.

Serving on these committees are men and women too junior to be members of the medical board, but who are invited to participate and share in the development of the policies which these committees recommend. We are committed to keeping the younger members of our staff informed of trends in the Hospital Center and giving them the opportunity to present their views. Some of the com-



mittees have members of the house staff regularly attending their sessions and participating in their discussions.

Noteworthy also is the fact that members of the board of associate attending rank are regularly being rotated through the meetings of the joint conference committee, which affords them insight into the problems dealt with at the trustee level. I believe that this trend toward broadening the base from which are developed plans for the operation of professional services is not only timely but necessary for the future of the Hospital Center.

During the past year Dr. Hugh F. Fitzpatrick was appointed director of

surgery succeeding Dr. John P. West, who had been acting director for two years. Drs. Graham Clark and John W. Draper retired as directors of Ophthalmology and Urology, respectively, and were succeeded by acting directors Dr. James C. Newton and Dr. Russell W. Lavengood. We are sure that the new chiefs will be able to maintain the high standards of their predecessors and we wish them well while thanking the latter for their effective leadership.

We also lost Dr. William S. Norton II from among our members when he resigned to become medical director of the Choate-Rosemary Hall School. We wish him well in his new job and take comfort from the fact that he, a most competent past president of this board who had the post for an unprecedented term of three successive years, has accepted the honor of an appointment to the board of trustees of the Hospital Center.

We heard with sadness the news of the death of Dr. Valentine C. Baker, an active member of the dermatology staff for many years, and Dr. Harriet C. McIntosh, who formerly directed the x-ray department of Woman's Hospital.

It was a year of many small but necessary accomplishments for the medical board. It was a year in which we suffered the blow of financial deprivation which was, to many of us, totally unexpected. The warning signs were there, but, being human, we failed to heed them till harsh reality forced itself upon us.

It was a year in which we saw expansion of the emergency room facilities to include on-the-spot diagnostic x-ray equipment and the opening of a new and superior dental clinic.

And, lastly, it was a year in which we finally resolved to find ways in which we could put our energies to work, with guidance from the trustees, to develop sources of funds to meet our needs and to develop a program flexible enough in the outpatient department to meet the changing demands imposed on us by community needs and political pressure.



Medical Board, 1972

(All M.D.s unless otherwise noted)

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Thomas J. Craig George E. Daniels Jerome E. Haber James W. Howard Lothar B. Kalinowsky Herbert Spiegel

Psychiatrist to the Neighborhood Health Services Program

Eli C. Messinger

Associate Staff

Sam Ehre Alberta B. Szalita

RADIOLOGY

Director

Nathaniel Finby

Consulting Radiologists

Samuel L. Beranbaum Herbert F. Hempel Harold W. Jacox Ernest Kraft Rieva Rosh William B. Seaman

Attending Radiologists

Kuo York Chynn Nathaniel Finby Samuel D. Hemley Virginia Kanick Richard D. Kittredge Leonard M. Liegner

Associate Attending Radiologists

Ina Ruth Altman Lajos I. von Micsky

Assistant Attending Radiologists

Jeanne W. Baer John Ti Hsu Mary Ann Radkowski William I. Shaw Vincent Valensi Vera Ann Voges

REHABILITATION MEDICINE

Director

Shyh-Jong Yue

Consulting Physiatrist

Victor A. Ribera

Attending Physiatrist

Shyh-Jong Yue

Associate Attending Physiatrist

Lucille Tsu Pai

Assistant Attending Physiatrists

Michael I. Jacobson Eugenio Alejano

UROLOGY

Acting Director

Russell W. Lavengood, Jr.

Consulting Urologists

John William Draper John A. Taylor

Attending Urologists

Manuel Fernandes Eugene L. Hoch Russell W. Lavengood, Jr. Constantine Photos Joseph N. Ward

Associate Attending Urologist

Waleed G. Maloof

Assistant Attending Urologists

Alfred F. Fretz Joseph D. Putignano Rudolph D. Talarico Pellegrino J. Tozzo

Courtesy Privileges in Urology

Thomas A. Morrissey



Outpatient Department Clinics

Allergy (Child) Arthritis Cardiac (Adult) Cardiac (Child) Chemotherapy Dental Dermatology Diabetic Ear, Nose & Throat **Emphysema Endocrine Family Planning** Fracture **Gastro Intestinal** Gynecology **Gynecology Followup Gynecology Tumor** Hematology

Hypertension

Immunology

Infertility & Endocrinology

Allergy (Adult)

Medical **Medical Acute Care** Neurology (Adult) Neurology (Child) **Neuro Surgery** Orthopedic **Pediatric Pediatric Surgery Plastic Surgery Post Partum Pregnancy Counseling** Prenatal Psychiatry (Adult) Psychiatry (Child) Rectal Special OBS Surgical **Thyroid** Urology Vulva Well Baby

Infertility (Men's)

House Staff Roster as of January 1, 1972

(All M.D.s unless otherwise noted)

Medicine

Chief Resident: Richard P. Fried

Fellows:
Donald J. Brock
Che-Yen Chuang
J. P. Saroj Devi
Julio A. Espinoza
Oscar Garfein
Clifford A. Gordon
Eda L. Hochgelerent
Shinna Kim
Richard Ku
Nellie Lee
A. Thomas Marubbio, Jr.
Richard D. Mau
Jean Saleh
Jeffrey Sol

Third Year Residents: Eugene Kern Sa'd K. Tuqan

John J. Vecchione

Second Year Residents: Thomas J. Keenan Amer N. Rayyes Philip E. Schweitzer Allen C. Steere, Jr. Earl C. Wellington Judith E. Woll

First Year Residents: Carlton Boxhill Melvin L. Bram Jean B. Case Katherine Falk Samuel M. Hazlett, III Arthur R. Liberman Stephen Lichtenberg Robert Lombardo Allen H. Mogtader

Interns:
Howard M. Eggers
William Harbison
Patricia W. Hartwell
Francis W. Iacobellis
Kenneth G. Janowitz
Allan M. Jonas
David L. Jonas
Nancy E. Kemeny
Victor Lam
Donald A. Pierce
Joseph Profita
Norbert J. Roberts, Jr.
Stuart D. Saal
James E. Vaughan

Obstetrics and Gynecology

Fellow: Ming-Neng Yeh

Fourth Year Residents: Lisardo Aleman Jamshid Arfania Paul Filipescu Jagdish Wadhwa

Third Year Residents: Hector Casanova Saul Gold Gyula Nemes Iraj Saadat Sharadchandra Shinde Second Year Residents: Yousef Shabany Bahram Shah-Hosseini Reza Shah-Hosseini Bhadra Shroff Mrudula Shukla

First Year Residents: Felipe F. Bozzo Luc Jean Lemmerling Anibal Montesinos Olwen J. Wellington

Pediatrics

Chief Resident: Chen-Kung Ho

Second Year Residents: Khin Hnin Lwin Farrokh Shahrivar Hing-Ling Tsang

First Year Residents: Dennis J. Allendorf Ricarda L. Baum Laura S. Inselman Brenda L. Marino Melanie Rivenzon

Interns: Chhaya Chakrabarti Renata Frenkel Jane C. Hsu Nora I. Miclat Sue May Mincey

Surgery

Fellow in Thoracic Surgery: Marvin L. Hartstein

Plastic Surgery Resident: Enrique Rossell

Fourth Year Residents: Roger T. DeAngelis Saul Katz Douglas D. McKane

Third Year Residents: Louis Meyer John G. Sullivan Samuel D. Winner

Second Year Residents: Frank Ferrero Robert E. Leader Thomas L. Lunetti

First Year Residents:
Frederick M. Brunn, Jr.
Sebastian Conti
Jean-Charles Gabrielian
Philip E. Gordon
Salem M. Habal
Sam Lan
Danne R. Lorieo
Somsak Tachajapong
Paul Tomljanovich

Interns: Edison K. Azenha Harvey A. Goldstein Nazih M. Haddad Salvatore A. Pace Brian E. Scully James M. Soorani

Anesthesiology

Third Year Residents: Clarissa P. Carino Ana M. Kawecki Ok-Suk Mary Kim Albert S. Orquiola Danilo Orquiza

Second Year Residents: Samuel Lardizabal Julio M. Garcia Rodriquez Tak Huh Anita The Erlinda Vidal

First Year Residents: Ana L. Antunes Elma Lou Arriola-Roda William A. Hutchinson Winston R. Jeshuran H. B. Keshava Subramaniam Khanthan Azucena Caysido Laban Simeon P. Manalili Clairemon L. Reyes

Dentistry

Second Year Resident: Ian S. Drake, D.D.S.

First Year Resident: David M. Kritchman, D.D.S.

Intern: Mark L. Gabrielson, D.D.S.

Dermatology

Third Year Resident: Lawrence T. Wagers

Second Year Resident: Jonathan Zizmor

Ophthalmology

Fellow: Chalermpong Sarakhun

Third Year Resident: John P. Brennan

Second Year Resident: Neil Pastel

First Year Resident: Roy A. Levit

Orthopedic Surgery

Third Year Residents: William G. Clancy, Jr. Sanford A. Ratzan

Second Year Residents: James R. Curtis Emery Hopp, Jr.

First Year Residents: Edward L. Gallagher James F. Lawsing, III Stephen A. Wilson

Otolaryngology

Third Year Resident: Mahmood Shahshahan

Second Year Resident: M. Rajamanickam

First Year Resident: Javed Ashraf Beg

Pathology

Fellows: Petra-Elena Banogon Corazon S. Sian

Third Year Residents: Paul Baron Monica Chao-Yang Sa-id Esfahanian Josette C. Montas Bahram Pishdad

First Year Resident: Araceli R. Esperanza

Psychiatry (Adult)

Fellows: Irene L. Chi**a**randini John A. Fogelman

Third Year Residents: Kenneth Berc Oscar Klein

Second Year Residents: Douglas J. Anderson Paul Nassar

First Year Residents: F. Gregory Krembs Henry C. Mallard Michael C. Piercey Olin L. West

Psychiatry (Child)

Fellow: Eugene J. Mahon

Residents: Carlos H. Diaz-Matos Percy D. Mitchell, Jr. Charles Semonsky John G. Young

Radiology

Fellow: Nasser H. S. Hassani

Third Year Residents: Roger A. Hyman Frank L. Quattromani Mohammad Sarwar

Second Year Residents: Francisco V. de los Reyes James N. Hecker Nancy A. Sussman

First Year Residents: Paul W. Auston, Jr. Charles R. Goldfarb Robert T. Heelan

Urology

Fellow: Arumbi P. Subramaniam

Fourth Year Resident: Alexander Panossian

Third Year Resident: S. S. Sadashiva Rao

Second Year Resident: Abas Rezvani

First Year Resident: Harry S. David





ST. LUKE'S HOSPITAL CENTER AMSTERDAM AVENUE & 114 STREET NEW YORK, N.Y. 10025

is accredited by: The Joint Commission on Accreditation of Hospitals

is affiliated with:
Columbia University
School of Dental and Oral Surgery
The College of Physicians and Surgeons

is a member of:

The American Association of Medical Colleges, Council of Teaching Hospitals The American Hospital Association The American Protestant Hospital Association is a member of:

The Hospital Association of New York State The Greater New York Hospital Association The United Hospital Fund United Fund of Greater New York Welfare Council of the City of New York

is a participating hospital in the master plan for hospitals and related facilities of The Health and Hospital Planning Council of Southern New York

is approved for intern and/or resident training in the specialties as follows: Anesthesiology, Cardiology, Child Psychiatry, Dentistry, Dermatology, Internal Medicine, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pathology, Pediatrics, Plastic Surgery, Psychiatry, Radiology, Surgery, Urology. and accredited by:
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